

Receipt # _____

DCS Registration Form
Town Offices, 36 Bartlet Street, Andover, MA 01810

Applicant's Name _____ If child: ____/____/____
only one name per form except couple & family courses *date of birth* *age* *grade*

Address _____ Town/Zip _____

Home Phone _____ Daytime Phone _____



Please check all applicable: Resident ☐ Sr. Citizen ☐ Non-resident ☐ Work in Andover ☐

If child, is there an updated **Emergency Information Sheet** on file in the DCS Office? Yes ☐

FOR OFFICE USE ONLY

Course #	Course Name	Fee	N/R Fee*
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

*Non-residents pay an additional \$10 per course (waived for 1 day courses)

Please 'X' one:   Check Cash Credit Voucher (\$_____) ____/____/____
(please attach your copy) *voucher date*

Card Number _____ Expiration Date _____

Total \$ _____

Card Holder's Name/Signature _____

Receipt # _____

DCS Registration Form
Town Offices, 36 Bartlet Street, Andover, MA 01810

Applicant's Name _____ If child: ____/____/____
only one name per form except couple & family courses *date of birth* *age* *grade*

Address _____ Town/Zip _____

Home Phone _____ Daytime Phone _____



Please check all applicable: Resident ☐ Sr. Citizen ☐ Non-resident ☐ Work in Andover ☐

If child, is there an updated **Emergency Information Sheet** on file in the DCS Office? Yes ☐

FOR OFFICE USE ONLY

Course #	Course Name	Fee	N/R Fee*
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

*Non-residents pay an additional \$10 per course (waived for 1 day courses)

Please 'X' one:   Check Cash Credit Voucher (\$_____) ____/____/____
(please attach your copy) *voucher date*

Card Number _____ Expiration Date _____

Total \$ _____

Card Holder's Name/Signature _____